

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Black PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Break Something Inc.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">22</table> / <table border="1" style="display:inline-table; margin:0 5px;">2020</table>		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <table border="1" style="display:inline-table; margin:0 5px;">176.11</table>		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHMQ0 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;"></table>			
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">1136346.22</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee <b>Break Something Inc.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">22</table> / <table border="1" style="display:inline-table; margin:0 5px;">2020</table>		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <table border="1" style="display:inline-table; margin:0 5px;">176.10</table>		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHMR8 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;"></table>			
Name of Federal Candidate Tillis, Thom, R., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">19954.15</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1" style="display:inline-table; margin:0 5px;">352.21</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

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Signature

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**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Black PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Break Something Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2020</b>		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <b>703.19</b>		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : <b>VTDG0AEHMS5</b>		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1136346.22</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Break Something Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2020</b>		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <b>703.20</b>		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : <b>VTDG0AEHMT3</b>		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Tillis, Thom, R., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>19954.15</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1406.39</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>1758.60</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 23 / 2020**

Signature